

Please do not write in this box.
City Office Use Only

Inspector: _____

Exp. Date: _____

EC#: _____

DEPARTMENT OF PLANNING &
BUILDINGS

Development and Permit Center
Elevator Inspection Section
3300 Central Parkway
Cincinnati, Ohio 45225



CITY ELEVATOR NO. _____

TEST REPORT OF ESCALATORS
Required by Section 8.11.4 of the elevator Code

Location: _____

Address: _____ Zip Code: _____

Original test forms must be filed within 30 days of the completion of the test or retesting shall be required.

REV- 7-28-2013

Annual Escalator Safety Test

ASME Inspection Standard to be applied for this unit: _____ Year of Installation: _____

Rated Speed: _____ Total Travel: _____ Manufacturer of Equipment: _____

Yes No

- ☐ ☐ Has the escalator skirt been cleaned?
☐ ☐ Is all equipment calibrated and current?
☐ ☐ Was the unit tested in the normal direction of travel?
Normal direction of travel: ☐ Up ☐ Down ☐ Up & Down
☐ ☐ Does the unit have skirt deflection devices?
☐ ☐ Did the landing upthrust and impact switches operate as intended? Up thrust - top _____ lbf, bot _____ lbf
☐ ☐ ☐ Side- left top _____ lbf, rt top _____ lbf, left bot _____ lbf, rt bot _____ lbf ☐ ☐ Center- top _____ lbf, bot _____ lbf

Skirt Indexing

- ☐ ☐ Was the applied load 25 lbf and did it deviate more than ± 2.5 lbf?
☐ ☐ Is the distribute load area between 3in^2 and 6in^2 ?
☐ ☐ Did the index polycarbonate test specimen meet the following criteria?
(1) Material: Polycarbonate without filters
(2) Color: Natural, no pigments
(3) Finish: Glossy (roughness less than $0.32\text{ }\mu\text{in}$)
(4) Area in contact with skirt panel: $4.5 \pm 0.5\text{ in}^2$ and at least 0.03 in thick.
(5) Specification: GE Lexan 100 series or equivalent polycarbonate.

CHOOSE ONE OF THE FOLLOWING ITEMS:

- ☐ ☐ (1) All units range ≤ 0.15
☐ ☐ (2) Range: ≤ 0.25 with skirt deflection devices (installed under ASME A17.1a-2002 and later editions).
☐ ☐ (3) Range: ≤ 0.4 with skirt deflection devices (installed under ASME A17.1a-2000 and later editions).
☐ ☐ Did the escalator meet one of the applicable conditions above using the highest measurement obtained?
☐ ☐ Have all readouts been attached to this form? Must be submitted for each test, properly labeled and dated?

Left Right

_____ How many readings per side were taken during the test? (Identified when looking up from bottom on the unit)
_____ At what intervals was the index recorded?
_____ Test 1 _____ Test 2 What were the Step/Skirt Performance index measurement? (Use formula)

- ☐ ☐ **Did the unit pass all ASME A17.1-(latest adopted edition) Safety Test requirements prior to being returned to service? If NO, the reason for failure must be explained. Unit may NOT be returned to service.**

Comments: _____

Company Conducting the Test _____

Person(s) Conducting Test _____

Date of Test _____ Signed _____